

APPLETON WEST TERROR BACKER Dale VonBehren SCHOLARSHIP APPLICATION

Student Name _____
Last
First
Middle

Home Address _____
Street
City
Zip Code

Home Phone Number _____ Cell Phone _____

Please list the sports you participated in while at AWHS. Please check the appropriate boxes for any season that you received a varsity letter (L) or were team captain (C).

<p>Freshman Year:</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p>	<p>Sophomore Year:</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p>
<p>Junior Year:</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p>	<p>Senior Year:</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p> <p>_____ <input type="checkbox"/>L <input type="checkbox"/>C</p>

Please identify any code of conduct violation you have had at Appleton West.

Please list other co-curricular activities you participated in while at AWHHS.

Freshman Year: _____

Sophomore Year: _____

Junior Year: _____

Senior Year: _____

Please list your participation in any other activities in your community (clubs, community service, employment, etc.) that you would like to mention.

Terror Backer Information:

Please indicate whether your parent(s) or guardian is a member of the Terror Backer organization. _____yes _____no

List below where you will be continuing your education:

Name of School City

Intended Major